

Criteria for Consultation or Transfer of Care to OBGYN for Prenatal Patients at Risk

Prenatal risk assessment should be an ongoing process. Assessment should be performed and documented at initial visit, and reviewed at each subsequent visit. Appropriate consultation should be obtained based on the risk factors listed below. Continued patient care should be in collaboration with the consulting provider, or in some instances, by transfer of care to the OB-GYN.

Early Pregnancy Risk Identification (Initial Assessment)

| Risk Factor | Consultation/Transfer of Care Recommended* | | |
|--|--|-------|--|
| | MFM | OBGYN | |
| Medical history and conditions | | | Refer to appropriate subspecialist as clinically necessary. (e.g. Cardiologist, Pulmonologist, Hematologist, Endocrinologist, Nephrologists, Immunologist etc.) |
| Asthma- Symptomatic on medication | | X | |
| Asthma - Severe (multiple hospitalizations) | X | | |
| Cardiac Disease - Cyanotic, prior myocardial infarction, aortic stenosis, pulmonary hypertension, Marfan syndrome, prosthetic valve, American Heart Association Class II or greater. | X | | |
| Diabetes Mellitus - Class A - C | | X | |
| Diabetes Mellitus - Class D or greater | X | | |
| Hemoglobinopathy (SS,SC, S-thal) | X | | |
| Hypertension - Chronic, with renal or heart disease | X | | |
| Prior pulmonary embolus or deep vein thrombosis | | X | |
| Pulmonary disease - Severe obstructive or restrictive | | X | |
| Pulmonary disease - Moderate | X | | |
| Renal disease -Chronic, creatinine > 2 with or without hypertension | X | | |
| Renal disease -Chronic, other | | X | |
| Renal disease -Requirement for prolonged anticoagulation | X | | |
| Renal disease -Severe systemic disease | X | | |
| Obstetric history and conditions | | | |
| Cesarean delivery, prior classical or vertical incision | | X | |
| Incompetent cervix | | X | |
| Initial laboratory tests | | | |
| HIV -Symptomatic or low CD4 Count | X | | |
| CDE (Rh) or other blood group isoimmunization (excluding ABO, Lewis) | X | | |

Ongoing Risk Identification for Consultation (Follow-up Assessments)

| Risk Factor | Consultation/Transfer of Care Recommended* | | |
|---|--|-------|--|
| | MFM | OBGYN | |
| Medical history and conditions | | | Refer to appropriate subspecialist as clinically necessary. (e.g. Cardiologist, Pulmonologist, Hematologist, Endocrinologist, Nephrologists, Immunologist etc.) |
| Proteinuria (>2 + by catheter sample, unexplained by urinary tract infection) | | X | |
| Pyelonephritis | | X | |
| Severe systemic disease that adversely affects pregnancy | X | | |
| Obstetric history and conditions | | | |
| Blood pressure elevation (diastolic > 90 mm Hg), no proteinuria | | X | |
| Fetal growth restriction suspected | | X | |
| Fetal abnormality suspected by ultrasonography | X | X | |
| Gestational diabetes mellitus (Class A2 or greater) | | X | |
| Multiple gestation – triplets or > | | X | |
| Oligohydramnios by ultrasonography | | X | |
| Preterm premature labor threatened, (< 37 weeks) | | X | |
| Preterm premature rupture of membranes | | X | |
| Examination and laboratory findings | | | |
| HIV- Symptomatic or low CD4 Count | X | | |
| CDE (Rh) or other blood group isoimmunization (excluding ABO, Lewis) | X | | |

***At Time of consultation, continued patient care should be determined to be by Collaboration with the referring care provider or by transfer of care.**

Abbreviations:

MFM = Maternal-Fetal Medicine, OBGYN = Obstetrics and Gynecology

Reference American College of Obstetrics and Gynecologist (ACOG); 6th edition 2007 Appendix B pages 385-386, Appendix C pages 387-388

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